



SUSANVILLE INDIAN RANCHERIA

TRIBAL MEMBER ASSISTANCE ORDINANCE ORDINANCE NO. 2006-007

Amendment 8

Section 1. Policy.

This Ordinance is adopted by the Tribal Business Council, pursuant to its authority granted under the Tribe's Constitution, for the purpose of addressing tribal member assistance requests submitted to the Susanville Indian Rancheria (SIR). The SIR shall reserve funds on an annual basis for the purpose of providing assistance to tribal members for health and safety matters that may otherwise go as an unmet need. The Tribal Member Assistance Form must be turned into the Tribal Office **as soon as possible PRIOR to the date of need**. SIR apologizes for any inconvenience this may cause, but due to the time it takes for approval by the Donation Committee, lead-time is important. If your tribal member assistance request does not follow policy requirements, your request will not be considered and is not eligible to be appealed. Please do not assume that if your request was funded in the previous year that it will be funded again in the current year.

All tribal member assistance requests **MUST** be reviewed by the Donation Committee, regardless if the request falls within the guidelines of this ordinance. **The Tribal Business Council WILL NOT review or approve a tribal member assistance request that has been denied by the Donation Committee.**

Section 2. Purpose.

The Susanville Indian Rancheria recognizes that there are occasions when a member or member family may be at a point in their lives where they need assistance. These reserve funds will provide direct benefits to those SIR members who submit requests for assistance in meeting medical and/or safety needs that may be life threatening. Because funding is limited, attempts should be made to seek alternate resources. For example, if a SIR tribal member is seeking financial assistance towards a medical expense, documentation must be provided that alternate resources have been applied for and either accepted or denied. The tribal member assistance request can be for only one item at a time. If a tribal member assistance request has multiple items requested, the individual submitting the request will be contacted for clarification on which single item they wish to apply for.

SIR Tribal Member Assistance Ordinance 2006-007
Amendment 8 – Approved by TBC on 03/01/2016

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Section 3. Scope.

This ordinance will apply to all individuals seeking funds from the SIR.

Section 4. Definitions.

For the purposes of this Ordinance, the following definitions shall apply:

- 4.1 **Appeal.** All decisions of the Donation Committee are final and cannot be appealed.
- 4.2 **Individual.** An enrolled member of the Susanville Indian Rancheria.
- 4.3 **Immediate Family.** The grandparent, parent, child or sibling of an enrolled tribal member.
- 4.4 **Donation Committee.** A group of individuals established by the Tribal Business Council to review all tribal member assistance requests. This group will consist of a member of at least three of the following: Tribal Business Council member (s), Tribal Administrator, the Health Clinic Chief Operating Officer, the Tribal Office Manager, or the Fiscal Controller.
- 4.5 **Household Repair Health Need.** Any household repair that directly affects the health and safety of a tribal member.
- 4.6 **Medical Need.** Any medical need that affects the health and well-being of a tribal member in the course of treatment for serious to life-threatening conditions (Purchase and Referred Care –PRC- Levels I, II, and III). **DENTAL ASSISTANCE IS NOT COVERED UNDER THIS ORDINANCE.**
- 4.7 **Medical Related Safety Need.** Any medically related safety need that affects the health and safety of a tribal member.
- 4.8 **Lassen County Elder Energy Assistance Need.** Energy assistance such as electric, natural gas, propane, oil, kerosene, or wood. This assistance is only for tribal member Elders ages 65+ and/or those tribal members with a documented permanent disability currently residing in Lassen County),

Section 5. Procedures.

- 5.1 Any individual that meets the definition above may submit a tribal member assistance request by completing the Tribal Member Assistance Request Form available at the SIR Tribal Office or on the

tribe's website (www.sir-nsn.gov). If the nature of the medical or safety need prevents the tribal member from applying, an immediate family member may apply for this assistance on behalf of the tribal member. **Member Assistance funds cannot be used to pay for deposits or any personal debt.**

5.2 Tribal member assistance requests will be considered for the following purposes:

- a) Medical Need (i.e.; expenses related to a medical need as defined in Section 4.5). The Tribal Member Assistance Fund cannot be used if the need is being paid for by PRC. A denial letter from the PRC Department must accompany the member assistance request. These expenses may include, but not be limited to; travel assistance for a medical appointment referral by their primary or secondary provider, unmet medical costs that are not covered by PRC or insurance (must provide a copy of their Eligibility of Benefits for the procedure to ensure payment is not duplicated), or co-pay assistance for prescriptions filled at the LIHC pharmacy. **DENTAL ASSISTANCE IS NOT COVERED UNDER THIS ORDINANCE.**
- b) Medical Safety Need (i.e.; expenses related to a safety need as defined in Section 4.6). These expenses may include, but not be limited to; safety related medical equipment.
- c) Household Repair Need (household repairs that directly affect the health and safety of the tribal member). Lassen County tribal members requesting monies for a household repair must contact the SIR Public Works or SIR Maintenance Department and submit their written statement and estimate with the request. For tribal members who reside outside of Lassen County, a written estimate from a licensed contractor must accompany the tribal member request at the time of submission.
- d) Lassen County Elder Energy Assistance Need (i.e.; expenses related to energy assistance as defined in Section 4.7) to assist local elders 65 years of age or older / disabled tribal members with their energy costs. A copy of the energy bill must accompany the member assistance request. Lassen County disabled tribal members must include a copy of their documented permanent disability paperwork with each request. This assistance is for Lassen County elders 65 years of age or older / disabled residents only and cannot be used to pay for water or sewer costs.

5.3 If an individual has any delinquent accounts with the SIR, he or she will not be eligible for tribal member assistance funds. In the case of a

tribal member assistance request on behalf of a minor, the household requesting the tribal member assistance must not have any delinquent account with the SIR in order to be eligible for tribal member assistance funds.

- 5.4 **The SIR will not consider tribal member assistance requests to pay personal debts** (i.e.; house payments, rent, deposits, water bills, sewer bills, food, clothing, utility bills (excluding those defined in Section 4.7), telephone bills, cell phone bills, cable TV bills, dental bills, court fines, child support, other forms of court-ordered restitution, fees associated with filing court paperwork, credit card payments, car repairs, car payments, or other loan payments, etc.). If this type of tribal member assistance request has been submitted, the Tribal Office will refer the requester to the California Tribal TANF Program (CTTP) at (530) 252-4112; the California Indian Manpower Consortium (CIMC) at (916) 564-4053; or Crossroads Ministries at (530) 251-0701, or encourage out of Lassen County tribal members to seek help through their local resources.
- 5.5 **THIS IS NOT A REIMBURSEMENT PROGRAM.** SIR will not reimburse monies paid prior to the tribal member request.
- 5.6 All tribal member assistance recipients must submit receipts and/or documentation that the money was used for the intended purpose within thirty (30) days of receiving the funds. All receipts must be turned into the SIR Tribal Office. Failure to use the funds for the purpose represented to the Donation Committee will result in the following consequences:
- You will be considered a member “**NOT** in good standing” as you will have an outstanding debt owed to the tribe and will not be eligible for the Annual Distribution.
 - As a member “**NOT** in good standing”, you will not be eligible to utilize the sponsorship, donation, or tribal member assistance fund programs until such time as the debt owed to the tribe is paid in full.
- 5.7 In January of the following year, a 1099 will be mailed to the recipient of Tribal Member Assistance funds, provided it meets the threshold amount established by the Internal Revenue Service, and the tribal member is not determined economically disadvantaged according to the Federal Poverty Guidelines.

Section 6. Monetary Limits.

Individuals are eligible to apply for up to \$500 per household per calendar year. Individuals may apply for more than one assistance request per calendar year as long as the total amount requested for that year does not exceed \$500 for the household. Reimbursement rates for mileage/lodging/meals will be at the approved GSA rates in effect at the time the assistance request is submitted.

Section 7. Application Process.

- 7.1 Individuals requesting tribal member assistance from SIR must complete the Tribal Member Assistance Request Form which is available at the SIR Tribal Office or on the tribe's website (www.sir-nsn.gov) and return it to the SIR Tribal Office for processing.
- 7.2 The SIR Tribal Office staff will review the tribal member assistance request for completeness. All areas must be completely filled out. If the request is incomplete, the request will be returned to the requester to complete the required information. If the request is complete, it will be forwarded to the Donation Committee for approval/disapproval.
- 7.3 The Donation Committee will approve or disapprove all tribal member assistance requests based on the policies of this ordinance. The approval of a tribal member assistance request is subject to available funding, i.e.; **once the funding set aside for the year has been expended, no further tribal member assistance requests will be approved by the Donation Committee.**
- 7.4 Tribal member assistance requests will only be approved for the amount authorized per household.
- 7.5 If a request is denied by the Donation Committee, the requester will be notified in writing by the Tribal Office staff.
- 7.6 All approved tribal member assistance requests will be sent by the Tribal Office staff to the Fiscal Department for processing. Payments will be processed on Wednesdays of each week (excluding holidays). The Fiscal Department will return the check to the Tribal Office who will notify the requester when their payment is ready to be picked up. Emergency checks will be processed as quickly as possible.

Section 8. Effective Date.

This Ordinance shall be effective from the date of its approval by the Tribal Business Council.

CERTIFICATION

We, hereby certify that the Susanville Indian Rancheria Tribal Member Assistance Ordinance was adopted by the Susanville Indian Rancheria Tribal Business Council at a duly called meeting held March 01, 2016 with a vote of 7 for, 0 against, 0 abstain.

ATTEST;



Mr. Aaron Dixon Sr.
Secretary/Treasurer



Brandon Gutierrez
Tribal Chairman



Tribal Member Assistance Request Form

Name of Tribal Member / Enrollment #: _____

Amount Requested: _____

_____ / _____

\$ _____

If request is for a minor Tribal Member:

Name of Parent Responsible / Enrollment #: _____

Person Applying:

Individual Immediate Family Member

Purpose:

Medical Need Medical Safety Need
 Lassen Elder Member / Disabled Energy Assistance Household Repair Need

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

If approved, make check(s) payable to: _____

Mailing Address: _____

By my signature below, I agree to keep and turn in all receipts to the Tribal Office within thirty (30) days of receiving the funds for which the intended purpose of the approved tribal member assistance funds are used in order to show how the funds were spent. I agree to return any unspent funds to the Tribal Office for receipt. Failure to turn in receipts and/or returning monies not spent will result in the denial of my Annual Distribution check until the debt has been collected in full. I also acknowledge that my failure to turn in receipts to the Tribal Office will make me ineligible to utilize the sponsorship, tribal member assistance, or donation fund programs until such time as the debt is paid in full.

Signature of Applicant: _____

Date: _____

For Donation Committee Use Only

Verified Enrollment (Initial): _____ Date Reviewed: _____ Approved: Denied:

Outstanding Debt: YES NO _____ (Initial by Fiscal Department)

Reviewed by: _____

Committee Comments: _____

Meets "Needs Based" criteria (Income verification MUST be attached)

For Fiscal Use Only

Account Code # _____ Travel Calculations: \$ _____ Per Diem (_____ days @ \$ _____)

Processed By: _____ \$ _____ Mileage (_____ miles @ \$ _____)

\$ _____ Lodging (_____ days @ \$ _____)

\$ _____ Other _____

Date Check Issued: _____ \$ _____ Total Travel

Verified By: _____ Date: _____

Fiscal Controller/Fiscal Dept. Supervisor

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.